PRINTED: 10/18/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN B. WING 445487 10/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE CHRISTIAN CARE CENTER OF JOHNSON CITY, INC. JOHNSON CITY, TN 37604 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION D PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K018 K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 SS=E Doors protecting corridor openings are Christian Care Center of Johnson City constructed to resist the passage of smoke. believes its current practices were in Doors are provided with positive latching compliance with the applicable standard hardware. Dutch doors meeting 18,3,6,3,6 are of care, but in order to respond to this permitted. Roller latches are prohibited. citation from the surveyors, the facility 18.3.6.3 is taking the following additional actions: Corrective Actions for Targeted This STANDARD is not met as evidenced by: Residents Based on observation and interview, the facility The Maintenance Director contacted failed to assure corridor doors closed to a positive Trimble Door company on 10/22/12 to latch and could resist the passage of smoke. inspect dining room doors for the (NFPA 101, 19-3.6.3.) installation of new panic bars with latches placed at top of door frames The findings include: ensuring a positive latch. Also, a filler Observation and interview with the Maintenance strip to be installed to close the gap and Director, on October 15, 2012 at 2:45 p.m. resist passage of smoke. New parts confirmed the corridor doors from the dining room were ordered on 10/26/12. failed to close to a positive latch and had a ½-inch gap between each side that would not Identification of Other Residents with resist the passage of smoke. Potential to be Affected This finding was verified by the Maintenance Facility's corridor doors were inspected Supervisor and acknowledged by the by the Maintenance Director on Administrator during the exit conference on October 15, 2012. 10/22/12 for positive latch and K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 resistance to smoke passage. No further concerns were noted during the SS=D Electrical wiring and equipment is in accordance inspection. with NFPA 70, National Electrical Code. 9.1.2 **Systematic Changes** Corridor doors will be added to monthly inspection list and be checked monthly This STANDARD is not met as evidenced by: by the Maintenance Director for positive Based on observation and interview, the facility

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

latch and resistance to smoke.

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN			(X3) DATE SURVEY COMPLETED		
		445487	B. WING			10/15/2012		
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF JOHNSON CITY, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTIVE TAG CROSS-REFERENCED TO TH DEFICIENCY		HOULD BE COMPLETION		
K 147	Continued From page 1 failed to assure GFCI outlets were located in all wet areas. The findings include: Observation and interview with the Maintenance Director, on October 15, 2012 at 2:00 p.m. confirmed GFCI was not provided in the Faith hall clean utility room in front of the sink (NFPA 70, 517-20). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 15, 2012.		K	147	Monitoring The Maintenance Director will of corridor doors for positive latch resistance to smoke weekly for month, and monthly thereafter. Director of Maintenance will rethese findings to the Performant Improvement Committee for redetermination of ongoing comparties Committee consists of the Administrator, Consultant Pharm Medical Director, Director of Nu Assistant Director of Nursing, Maintenance Director, Houseke Laundry Supervisor, MDS/Care Coordinator, Social Services Director, and Activities Director.	e latch and ely for one eafter. The will report ormance for review and compliance. of the t Pharmacist, r of Nursing, ing, ousekeeping/ /Care Plan es Director, or, Dietary		
					K147 Christian Care Center of Johnso believes its current practices we compliance with the applicable of care, but in order to respond citation from the surveyors, the is taking the following additionactions: Corrective Actions for Targeted Residents A new GFCI outlet was installed Maintenance Director in the cleroom on Faith Hall on 10/17/13	ere in standard I to this e facility al d by the ean utility		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN		•	(X3) DATE SURVEY COMPLETED	
		445487	B. Wil	//G		10/1	5/2012
	ME OF PROVIDER OR SUPPLIER HRISTIAN CARE CENTER OF JOHNSON CITY, INC STREET ADDRESS, CITY, STATE, ZIP CODE 140 TECHNOLOGY LANE JOHNSON CITY, TN 37604						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ix i	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	SHOULD BE COMPLETION	
K 147	failed to assure GF wet areas. The findings include Observation and interpretation of Octobe confirmed GFCI was clean utility room in 517-20). This finding was versupervisor and ack	CI outlets were located in all e: terview with the Maintenance er 15, 2012 at 2:00 p.m. is not provided in the Faith hall front of the sink (NFPA 70,		147	Identification of Other Residents Potential to be Affected On 10/24/12, the Maintenance I inspected facility wet areas to en that GFCI outlets were installed, other areas need to be address. Systematic Changes GFCI outlet inspections were add the Maintenance Director's more checklist. Monitoring The Maintenance Director will in all wet area outlets for three meand semi-annually thereafter for properly functioning GFCI outlet Director of Maintenance will rept these findings to the Performant Improvement Committee for redetermination of ongoing comp. This Committee consists of the Administrator, Consultant Pharm Medical Director, Director of Nu Assistant Director, Director of Nu Assistant Director, Director, Houseke Laundry Supervisor, MDS/Care & Coordinator, Social Services Director Clinical Records Supervisor, Diet Manager, and Activities Director.	Director Insure I. No Issed. Idded to Inthly Inspect Inths Ir Its. The Incort Ice Ince Indiance. Imacist, Irising, Irising, Ireping/ Plan Incector, Itary	11/30/12

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: F4SD21

Facility ID: TN9011

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